

**Health Priority: Overweight, Obesity and Lack of Physical Activity**  
**Objective 3: Physical Activity for Adults**

**Long-term (2010) Subcommittee Outcome Objective:** By 2010, increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for 30 minutes or more per day from 23% to 38%.

**Worksite and Senior Site Based Outcomes**

Inputs	Outputs		Outcomes – Impact		
	Activities	Participation/Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<b><u>Partners</u></b> Unions  Employers, employees, employer support  Governmental agencies at the state, regional, and local levels  City Councils and County Boards  Parks and recreation facilities  Insurance Companies  Business Associations Media and Marketing  Health Professionals Organizations  Affiliates of the American Heart Association, American Dietetic Association, American Diabetes Association, and the American Cancer	Conduct surveys/focus groups with employees.  Educate work sites regarding the cost-benefits of health promotion.  Form work site wellness committees.  Provide work sites with model policies and resources.	Employees  Employers  All adults	Increase the proportion of work sites with physical environments that promote physical activity (e.g., bike racks, showers, marked and/or measured walking paths).  Increase the proportion of work sites with policies promoting physical activity, for example, flexible work schedules, financial benefits, or discounts.  Increase the proportion of work sites offering employer sponsored physical activity programs.  Increase the percentage of senior sites that offer physical activity.	Increase the proportion of work sites that promote physical activity.	By 2010, increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for 30 minutes or more per day from 23% to 38%.

Society					
Senior centers, assisted living centers, nursing homes					
Malls, shopping centers					
School Administrators					
Local Health Departments					
Tribes					
Hotels					
Community Leaders					
Wisconsin Association of Physical Education, Recreation, and Dance					
Staff time					
Funding					

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## Environmental Outcomes

Inputs	Outputs		Outcomes – Impact		
	Activities	Participation/Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
Neighborhood Associations	Grassroots advocacy for policy and environmental change through local task forces, coalitions, or similar entities.	Local task force or coalition or similar entities	Increase the percentage of communities with safe and accessible physical activity facilities.	Increase the percentage of public facilities (e.g., schools, churches, malls, senior centers, hotels, and other community centers) available for physical activity, including extended hours and all seasons.	By 2010, increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for 30 minutes or more per day from 23% to 38%.
Community Leaders		Local community health advocates			
Adults	Seek funding for facility development and/or improvements.	Community members			
Businesses		Law enforcement			
Department of Transportation	Neighborhood watch and policing.	Adults		Increase the percentage of walking and biking areas, parks, and sidewalks that are safe from crime and injury.	
City and County Planners	Conduct focus groups with adults.				
School Administration	Assure racial, ethnic, cultural, gender, and disability competency in policies and programs.			Increase the percentage of physical activity facilities that are available free of charge or at low cost.	
Faith Communities					
UW-Extension, Cooperative Extension					
Funding					
Local Health Departments					
Tribes					
Department of Health and Family Services, Division of Public Health					
YMCAs					
Athletic Clubs					

Health and Fitness Centers					
Department of Natural Resources, Parks, and Recreation					
Healthcare providers					
Governor's Council on Physical Fitness and Health					
Wisconsin Association of Health, Physical Education, Recreation, and Dance					
Volunteers					
Funding for facilities improvement					

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**Health Care System Outcomes**

Inputs	Outputs		Outcomes – Impact		
	Activities	Participation/Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
Healthcare Providers  Health Professional Organizations  Department of Health and Family Services/Division of Public Health  Insurance Companies  Local Health Departments  Tribes  Affiliates of the American Cancer Society, American Heart Association, American Diabetes Association.  Governor’s Council on Physical Fitness and Health  Employers  American College of Sports Medicine  American Council on Exercise  Medical Schools	Training on motivational counseling.  Integrate the health benefits of physical activity into curriculum for healthcare professionals.  Information campaign regarding physical activity facilities (e.g., media community campaign).  Advocacy and policy development for insurance coverage.  Hire certified fitness professionals  Assure cultural, racial, ethnic, gender, and disability competency in policies and programs.	Healthcare providers  Students enrolled in programs to become a healthcare professional.  Administration at institutions of higher education.  Legislators  Employers, employees, employer support  Health Insurance  Unions  Healthcare institutions and health maintenance organizations	Increase healthcare provider knowledge, awareness, and skills for motivational interviewing  Increase healthcare providers’ knowledge of physical activity facilities and certified fitness professionals in the community  Increase the linkages with available referral sources.  Increase insurance coverage of counseling regarding physical activity.	Increase the percentage of healthcare system policies that promote physical activity.	By 2010, increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for 30 minutes or more per day from 23% to 38%.

Universities of Higher Education					
Wisconsin Association of Health, Physical Education, Recreation and Dance					
Funding					

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**Sedentary Lifestyle Outcomes**

Inputs	Outputs		Outcomes – Impact		
	Activities	Participation/Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<b>Partners:</b> Community Leaders  Parents, children, and adolescents  Marketing specialists/media  Governor’s Council on Physical Fitness and Health.  Volunteers  Wisconsin Affiliates of the American Heart Association, American Diabetes Association, American Cancer Society.  Service Organizations  Department of Natural Resources, parks, and recreation  Scouts and clubs  Faith Communities  UW-Extension  Local Health Departments	Conduct focus groups with adults  Conduct a promotional campaign that: <ul style="list-style-type: none"> <li>▪ Promotes special events (e.g., walks, runs).</li> <li>▪ Recognizes role models.</li> <li>▪ Encourages routine moderate physical activity.</li> <li>▪ Emphasizes being active as a family.</li> </ul> Assure racial, ethnic, cultural, gender, and disability competency in policies and programs.	Community groups	Decrease the percentage of time spent watching TV, using computers, and other media.  Increase the number of trips made by biking or walking.  Increase the percentage of families that are physically active together.	Decrease the proportion of adults with no leisure time physical activity.	By 2010, increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for 30 minutes or more per day from 23% to 38%.

Tribes					
Department of Health and Family Services/Division of Public Health					
Family Resource Centers					
Senior Centers					
Wisconsin Association of Health, Physical Education, Recreation, and Dance					



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### Objective 3: Physical Activity for Adults

#### Long-term (2010) Subcommittee Outcome Objective:

By 2010, increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for 30 minutes or more per day from 23% to 38%.

Wisconsin Baseline	Wisconsin Sources and Year
23 % are not at risk for health problems associated with lack of physical activity.	1998 Wisconsin Behavioral Risk Factor Survey

Federal/National Baseline	Federal/National Sources and Year
15 % of adults aged 18 years and older engaged in moderate physical activity for at least 30 minutes 5 or more days per week.	National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics, 1997 (age adjusted to the year 2000 standard population).

Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	Objective Number	Objective Statement
22 - Physical Activity and Fitness	Improve health, fitness, and quality of life through daily physical activity.	22-2	Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.

Definitions	
Term	Definition
Diversity Competence	Refers to programs and services that are designed with the acknowledgment of diverse cultural beliefs, attitudes, behaviors, and group distinctiveness that require special, targeted strategies to enhance effectiveness. Diverse populations that may benefit from specialized approaches to overweight, obesity, and physical activity include rural/urban, racial/ethnic, age, gender, and disability status groups.
Motivational interviewing	A counseling technique that promotes active decision-making and personal responsibility for change. It is based on an assessment of readiness to change by determining importance of the change to the person and confidence in his/her ability to change. Motivational interviewing is a patient-centered, structured discussion about behavior change.(Tziraki, 1994)
Certified Fitness Professional	This certification is through a nationally recognized organization, such as American College of Sports Medicine, American Council on Exercise, National Academy of Sports Medicine, National Strength and Conditioning Association.

**Rationale:**

- In Wisconsin, 79.8% of adults are at risk for health problems due to lack of physical activity (Centers for Disease Control and Prevention, 1998).
- Regular moderate physical activity reduces the risk of heart disease, diabetes, and high blood pressure and may also protect against lower back pain and some forms of cancer (U.S. Department of Health and Human Services, 2000).
- Regular moderate physical activity also helps maintain functional independence of older adults and enhances quality of life for people of all ages (U.S. Department of Health and Human Services, 2000).
- More than 60% of U.S. adults do not engage in the recommended amount of activity (U.S. Department of Health and Human Services, 1996).
- The loss of strength and stamina attributed to aging is in part caused by reduced physical activity (U.S. Department of Health and Human Services, 1996).
- Physical inactivity is more common among: women than men; African American and Hispanic adults than white; older than younger adults; less affluent than more affluent people (U.S. Department of Health and Human Services, 1996).
- People with disabilities are less likely to engage in regular moderate physical activity than people without disabilities, yet they have similar needs to promote their health and prevent unnecessary disease (U.S. Department of Health and Human Services, 1996).
- Prevalence of overweight and obesity is rising dramatically. The obesity rate among Wisconsin adults was 11% in 1990 and has risen to 20% in 2000. Physical activity can help people to achieve and maintain a healthy weight (Centers for Disease Control and Prevention, 1998).
- A sedentary Wisconsin workforce will lead to compromised worker productivity due to increased risk for health problems (Colditz, 1999, National Institutes of Health, Pratt and Macera, 2000).
- The growing number of adults with the associated health problems listed above will lead to increased health care costs both in private insurance and state-supported health care (U.S. Department of Health and Human Services, 1996, Colditz, 1999).

**Outcomes:****Worksite and Senior Site Based****Short-term Outcome Objectives (2002-2004)**

- Increase the proportion of worksites with physical environments that promote physical activity (for example, amenities like bike racks, showers, marked/measured walking paths)
- Increase the proportion of worksites with policies that promote physical activity. For example:
  - Flexible work schedules
  - Financial benefits or discounts (directly or through insurance) for participation in physical activity
- Increase the proportion of worksites with on-site and/or employer-sponsored physical activity programs (e.g., bike/walk to work events, classes).
- Increase the percentage of senior sites/centers that have opportunities for physical activity (for example, organized walks or exercise classes).

**Medium-term Outcome Objective (2005-2007)**

- Increase the proportion of worksites and senior sites that promote physical activity (U.S. Department of Health and Human Services, 1996).

**Inputs:** *(What we invest – staff, volunteers, time money, technology, equipment, etc.)*

- Staff time from partner agencies to form and operate a local task force.
- Funding for task force to conduct outreach and education to worksites and to promote physical activity among Wisconsin's workforce.
- Employer support of worksite wellness program through staff time and/or funding.
- Key Partners: Wisconsin adults; business associations; unions; state and local governments; tribes; city councils; insurance companies; media and marketing representatives; health professional organizations; Wisconsin affiliates of the American Heart Association, American Cancer Society, American Diabetes Association; senior centers; community leaders; occupational health nurses; physical activity professionals; and the Wisconsin Association of Health, Physical Education, Recreation, and Dance (WAHPERD).

**Outputs:** *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Form local task force/coalition or similar entity.
- Conduct outreach and education to worksites about the benefits of promoting and supporting employee physical activity:
  - cost-effectiveness
  - 'best practice' models from worksites with existing activities
- Conduct media campaign to promote physical activity among working adults and older adults who are not working.
- Establish worksite wellness programs
  - based on input from employee surveys.
  - content should reflect diversity competence.

### **Environmental** (Koplan and Dietz, 1999)

#### **Short-term Outcome Objective (2002-2004)**

- Increase the percentage of communities with safe and accessible physical activity facilities.

#### **Medium-term Outcome Objectives (2005-2007)**

- Increase the percentage of public facilities (schools, churches, malls, hotels, and other community centers) available for physical activity, including extended hours and all seasons.
- Increase the percentage of walking/biking areas, parks, and sidewalks that are safe from crime and injury.
- Increase the percentage of physical activity facilities that are available free of charge or at low cost.

**Inputs:** *(What we invest – staff, volunteers, time money, technology, equipment, etc.)*

- Volunteer time, including key leadership, in participating communities.
- Funding or other resources to support free/low-cost membership or participation.
- Funding for facilities improvement to prevent injury and improve safety.
- Law enforcement participation.
- Key partners: adults and families from target populations; neighborhood associations; community leaders; businesses; Department of Transportation; city and county planners; school administration; faith communities; occupational health nurses; University of Wisconsin Extension; Institutions of Higher Education; local health departments; tribes; Department of Health and Family Services, Division of Public Health; YMCA; athletic

clubs; parks and recreation departments; Department of Natural Resources; American College of Sports Medicine; American Council on Exercise; other health professional organizations; Wisconsin Association of Health, Physical Education, Recreation and Dance (WAHPERD).

**Outputs:** *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Local task forces/coalitions (or similar entities) made up of the target population(s) will do grassroots advocacy for policy and environmental change.
- Conduct focus groups with adults.
- Local community health advocates will seek funding for facility development and/or improvement.
- Increase Neighborhood Watch and policing activity.
- Assure diversity competence in policies and programs at participating sites.

### **Health Care System** (Simon-Morton, 2001)

#### **Short-term Outcome Objectives (2002-2004)**

- Increase health care provider knowledge, awareness and skills for motivational interviewing.
- Increase health care providers' knowledge of physical activity facilities and certified fitness professionals in the community.
- Increase the percentage of health care institutions with formalized referral linkages to certified fitness professionals.
- Increase insurance coverage of counseling regarding physical activity.

#### **Medium-term Outcome Objective (2005-2007)**

- Increase the percentage of health care system policies that promote physical activity.

**Inputs:** *(What we invest – staff, volunteers, time money, technology, equipment, etc.)*

- Staff time to develop and implement training.
- Health care provider time to attend training.
- Health care institutions capacity to offer services – funding to hire staff or establishment of contracts for services.
- Staff and volunteer time of statewide coalition leadership to organize advocacy efforts regarding insurance coverage.
- Key partners: healthcare providers; health professional organizations; Department of Health and Family Services, Division of Public Health; Department of Regulation and Licensing; insurance companies; local health departments; tribes; Governor's Council on Physical Fitness and Health; volunteers; Wisconsin Affiliates of the American Heart Association, American Lung Association, American Diabetes Association, and the American Cancer Society; University of Wisconsin; Institutions of Higher Education; medical schools; employers; American College of Sports Medicine; American Council on Exercise; State Medical Society; Wisconsin's Chronic Disease Prevention and Health Promotion Cardiovascular Disease Grant; Wisconsin Association of Health, Physical Education, Recreation and Dance (WAHPERD).

**Outputs:** *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Training for health care providers on motivational interviewing.
- Integration of information on the health benefits of physical activity and skills in motivational interviewing into the curriculum for health care professionals.
- Dissemination of information regarding physical activity facilities and programs to health care providers.
- Advocacy and policy development for insurance coverage.
- Health care institutions have identified referral sources for physical activity counseling, either through hiring of staff or establishment of formal referral linkages.

## **Sedentary Lifestyle**

### **Short-term Outcome Objectives (2002-2004)**

- Decrease the percentage of time spent watching TV, using computers, and other media.
- Increase the number of trips made by biking or walking.
- Increase the percentage of families that are physically active together.

### **Medium-term Outcome Objective (2005-2007)**

- Decrease the proportion of adults with no leisure time physical activity.

#### **Inputs:** *(What we invest – staff, volunteers, time money, technology, equipment, etc.)*

- Focus groups with the target population to assess opportunities and barriers to physical activity.
- Funding for promotional campaigns, local taskforces, and focus groups.
- Time to attend focus groups.
- Local volunteers for special events.
- Form local task force/coalition or similar entity.
- Key partners: adults; families; community leaders; marketing specialists and media; Governor's Council on Physical Fitness and Health; volunteers; Wisconsin Affiliates of the American Heart Association, American Lung Association, American Diabetes Association, American Cancer Society; health professional organizations; YMCA; service organizations; parks and recreation departments; Department of Natural Resources; scouts/clubs; University of Wisconsin Extension; Institutions of Higher Education; American College of Sports Medicine; American Council on Exercise; faith communities; family resource centers; local health departments; tribes; Department of Health and Family Services, Division of Public Health.

#### **Outputs:** *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Conduct focus groups with adult member of the target population.
- Conduct promotional campaigns that:
  - Promote special events (e.g., No TV Week, Bike to Work Week, local walk/runs).
  - Encourage routine, moderate physical activity.
  - Promote families being active together.
  - Reflect diversity competence.

## **Evaluation and Measurement of Long-Term Objective:**

This objective is currently measured by the Behavior Risk Factor Survey. Baseline (1998) data will be compared to the most recent data available in 2010 to measure success toward this objective.

### **Work Site and Senior Site Based**

- The Behavior Risk Factor Survey currently measures no leisure time physical activity among adults.
- In addition, a survey instrument will be developed and sent to worksites and senior sites to assess progress on all other short-term and medium-term outcomes.

### **Environmental**

Work with community-based task forces and/or local public health agencies to administer a formal or informal survey assessing the community environment to include:

- Public facilities available for physical activity, their hours, days of availability, indoor/outdoor (seasonality).
- Safety of existing facilities from crime and injury.
- Safety of existing and planned neighborhoods from crime and injury.
- Physical activity facilities available free or low-cost.

Note: Tools currently available include a Walkability Checklist from the U.S. Department of Transportation, [www.nhtsa.dot.gov](http://www.nhtsa.dot.gov)

### **Health Care System**

- *To assess third party payer coverage:* develop and implement a survey of third party payers to measure coverage of physical activity counseling services.
- *To assess health care institutions' services:* develop and implement a survey of health care institutions to measure availability of physical activity professionals (on staff or by formal referral linkage).
- *To assess individual health care providers skills and practices:* recommend Bureau of Health Information survey of licensed health care providers include questions to measure
  - Knowledge, awareness, and skills in motivational interviewing.
  - Counseling and referral practices.
- *To assess individual health care provider knowledge of local physical activity resources:* work with community-based task forces and/or local public health agencies to administer a formal or informal survey assessing the community environment to include:
  - Knowledge of local physical activity facilities and professionals.

### **Sedentary Lifestyle**

Data on sedentary lifestyle is already gathered on the Behavioral Risk Factor Surveillance System. The other outcomes listed here will be recommended for inclusion in this survey instrument and/the Family Health Survey.

### **Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010**

*Intentional and Unintentional Injuries and Violence:* Physical activity areas/facilities that are free safe from injury.

*Social and Economic Factors that Influence Health:* Physical activity facilities that are available free of charge or at low cost.

*Coordination of State and Local Public Health System Partnerships:* Statewide task force of all key players and statewide coordination/networking of local initiatives.

*Sufficient, competent Workforce:* Build local capacity for grassroots advocacy for policy change. Enhance health care provider knowledge and skills regarding physical activity counseling and referral. Increase availability and systems linkages to physical activity professionals from health care system. Increase cultural competency and/or diversity of workforce.

### **Significant Linkages to Wisconsin's 12 Essential Public Health Services**

*Monitor health status to identify community health problems:* Evaluation measures for this objective include ongoing monitoring of physical activity status.

*Identify, investigate, control, and prevent health problems and environmental health hazards in the community:* This objective includes investigation of the baseline for areas including accessibility to physical activity facilities, current programs/policies in the community, and community "walkability." Focus groups are recommended to investigate issues regarding sedentary lifestyle.

*Educate the public about current and emerging health issues:* The general public is targeted for an educational/promotional campaign on physical activity. In addition, specific training/education is recommended for worksites and health care providers.

*Promote community partnerships to identify and solve health problems:* Much of this objective relies on the formation of local task forces/coalitions, which represent a wide variety of community partners.

*Create policies and plans that support individual and community health efforts:* Key outcomes include worksite and health care system policies that promote physical activity and the development of insurance policies that cover physical activity services.

*Link people to needed health services:* The health care system objectives include forming linkages to certified fitness professionals, which will enhance public access to such services.

*Assure a diverse, adequate, and competent workforce to support the public health system:* The training of health care providers on motivational interviewing and awareness of local resources will assure their competence to provide services in the area.

*Evaluate effectiveness, accessibility, and quality of personal and population-based health services:* The outcome objectives include a thorough evaluation of their impact.

*Assure access to primary health care for all:* Worksite/senior center based services greatly enhance accessibility as does access to community based facilities (such as schools). In addition, the environmental outcomes described rest on increasing accessibility to physical activity facilities.

### **Connection to the Three Overarching Goals to Healthiest Wisconsin 2010**

*Protect and promote health for all:* The enhancement of community capacity and individual motivation for physical activity promote the health of the entire population.

*Eliminate health disparities:* Throughout this objective, there is an emphasis on accessibility, particularly on the basis of cost. In addition the local and state promotional campaign that are described are intended to reflect diversity competence in regard to the target populations.

*Transform Wisconsin's public health system:* Through creating a coordinated statewide effort to address this health problem.

### **Key Interventions and/or Strategies Planned:**

The key interventions and strategies that will be used to promote physical activity for adults fall into 4 categories: worksite and senior site, environmental, health care system, and sedentary lifestyle. Strategies include forming local coalitions to conduct outreach and education to promote physical activity among adults and to seek funding for these activities. Increasing employer support of worksite wellness and increasing the number of worksites that actively promote physical activity is a key outcome. Additionally, communities need to have safe and accessible facilities for adults to be physically active. Such facility changes may include public access to schools, churches, malls, hotel and community centers, paths for walking and biking and sidewalks that are safe from crime and injury.

The health care system also plays an integral part of promoting physical activity among adults by increasing the knowledge, awareness and skills of health care providers in counseling patients to be more physically active. Health care providers need to be aware of the physical activity facilities and certified fitness professional in the community and have formalized referral linkages and seek insurance coverage for counseling regarding physical activity.

Another aspect of increasing physical activity among adults is to decrease time spent engaged in sedentary activities such as watching TV, using computers, and other media. Encouraging families to be physically active together is another key strategy to promoting physical activity. These strategies will decrease the proportion of adults with no leisure time physical activity.

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